

CLAIMS ONLY						Application Number 10719015	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	1					51			
2		1				52			
3		1				53			
4		1				54			
5		1				55			
6		1				56			
7						57			
8						58			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	1					Total Indep			
Total Depend	5					Total Depend			
Total Claims	6					Total Claims			